

MODULE 4 - CONTINUED

Father's Insurance Information

- a. Company Name: _____
- b. Policy Number: _____

MODULE 7 - MOTHER'S DISCHARGE INFORMATION
(TO BE COMPLETED AT THE TIME OF MOTHER'S DISCHARGE FROM THE HOSPITAL)

1. DATE OF MOTHER'S DISCHARGE, DEATH OR TRANSFER:

____ / ____ / ____
Mo. Day Yr.

2. WHAT IS THE MOTHER'S CURRENT MARITAL STATUS?

- 01 ☐ Single 04 ☐ Divorced
 02 ☐ Married 05 ☐ Widowed
 03 ☐ Legally Separated 06 ☐ Unknown

3. WAS THE MOTHER A PARTICIPANT IN WIC AT ANY TIME DURING PREGNANCY?

- 01 ☐ Yes 02 ☐ No 03 ☐ Don't Know

4. IF YES, WHAT WAS THE WIC NUMBER?

5. WAS THE MOTHER A PARTICIPANT IN MEDICAID (INCLUDES HEALTHSTART) DURING PREGNANCY?

- 01 ☐ Yes 02 ☐ No 03 ☐ Don't Know

6. WAS RH IMMUNE GLOBULIN GIVEN TO THE MOTHER?

- 01 ☐ Yes 02 ☐ No 03 ☐ Refused

7. WHERE ANY OF THESE POSTPARTUM PROCEDURES PERFORMED ON THE MOTHER OF THIS INFANT?

- 01 ☐ Arterial Ligation
 02 ☐ D&C
 03 ☐ Hysterectomy
 04 ☐ Maternal Transfusion
 05 ☐ Tubal Ligation
 06 ☐ Other, Specify: _____
 00 ☐ None

8. DID ANY OF THESE LATE COMPLICATIONS OCCUR IN THE MOTHER (Check all that apply)?

- 01 ☐ Excessive Bleeding
 02 ☐ Maternal Death
 03 ☐ Postpartum Infection
 04 ☐ Other, Specify: _____
 00 ☐ None

Name of Individual Completing This Module

Signature

Date